

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1995-96 July 1, 1995
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<b>Element Name:</b> Incident, Gang-Related							
<b>Definition/Domain</b>							
<p>A code indicating whether or not the incident was gang related.</p> <table border="0"> <thead> <tr> <th align="center"><u>CODE</u></th> <th align="center"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td align="center">Y</td> <td align="center">Yes</td> </tr> <tr> <td align="center">N</td> <td align="center">No</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes	N	No
<u>CODE</u>	<u>DEFINITION</u>						
Y	Yes						
N	No						
<p>NOTE: Incident is gang related if the incident is gang motivated, if gang membership caused the incident or was a contributing factor to action that happened during the incident. For example, an incident of vandalism or robbery might be a part of an initiation into a gang or a fight might be caused by group rivalry. Report an incident as gang related only if you are sure that gang membership contributed to that incident. A gang is a somewhat organized group of some duration, sometimes characterized by turf concerns, symbols, special dress or colors. The group is recognized as a gang by its members and others.</p>							
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>						
<b>Format:</b> Alphabetic	All Programs Grades PK-12						
<b>Compatibility Requirement:</b> Compatible							
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>						
<input checked="" type="checkbox"/> State Report <input type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> District Records Transfer <input type="checkbox"/> Permanent Record	School Environmental Safety Incident Report DB9 42x						
<b>Data Element Number:</b> 139025	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 9						
<b>Revised:</b> 7/95	<b>Volume I      Effective:</b> 7/00 <b>Page Number:</b> 106-95						